

HEALTH CARE PROVIDERS' ROLE IN ADDRESSING SUBSTANCE USE AND MENTAL DISORDERS

Over the past decade, vast improvements have been made in the way society and health care providers view substance use and mental disorders. These are chronic, yet treatable conditions and people do recover from even the most serious conditions.¹ Because they are treatable, individuals across the United States should seek assistance for substance use and mental disorders with the same urgency as other health conditions. A variety of medical and non-medical options exist.²

The overall health of our Nation relies upon the health care providers who have the most frequent contact with patients and provide the majority of care. All health care providers—including doctors, nurses, physician assistants, pharmacists, peer support specialists, therapists, and counselors—must increase their knowledge of substance use and mental disorders to screen, provide intervention, and referrals to treatment and recovery services for these prevalent public health conditions.

Each September, **National Recovery Month: Prevention Works, Treatment is Effective, People Recover (Recovery Month)** celebrates people in recovery and recognizes the dedication of treatment providers. Sponsored by the [Substance Abuse and Mental Health Services Administration's \(SAMHSA's\) Center for Substance Abuse Treatment \(CSAT\)](#), with the [U.S. Department of Health and Human Services \(HHS\)](#), the initiative educates the public that behavioral health is essential to health and one's overall wellness, and that prevention works, treatment is effective, and people can and do recover from substance use and mental disorders. **Recovery Month** stresses that all individuals have the fundamental and inherent value to be accepted and treated with respect, dignity, and worth.

This year's theme, **"Join the Voices for Recovery: Recovery Benefits Everyone,"** emphasizes that:

- All Americans have the opportunity to access provisions within the Affordable Care Act and Mental Health Parity and Addictions Equity Act (MHPAEA), aimed to improve physical and emotional health while ensuring people will receive the care they need at a more reasonable cost.
- Public awareness will increase access for those in need of essential substance use and mental health treatment and recovery support services, including behavioral health treatment.
- These legislative changes will improve the overall health and well-being of people in the United States.

The passage of the MHPAEA provides parity, or the recognition by insurance services—both public and private—that substance use and mental disorders are treated comparably to other physical health and medical conditions.³

Health care providers—including those who work at primary care centers or practices, community health centers (including Federally Qualified Health Centers), trauma centers, and emergency rooms—may have the first contact with a person with an undiagnosed health concern such as a substance use and/or mental disorders. It's essential that all patients are assessed, diagnosed, and referred to appropriate follow-up treatment services to continue care for the condition. To accomplish this, health care professionals can:

- Be aware of the latest trends in the field;
- Understand how health reform affects service delivery system; and
- Inform individuals in need of treatment services that appropriate care and recovery will positively affect their overall well-being as well as other medical conditions.

This document will outline tips to help patients get treatment for their substance use and mental disorders, how health reform affects providers, how to effectively assess and refer patients to treatment and recovery support services, and how all health care providers can make a difference during **Recovery Month** and throughout the year.



TRACEY LEE
FAIRFIELD, CA

I was once a straight-A student with a bright future, but substance use replaced my dreams with nightmares. I remember these years vividly and willingly tell my story in hopes that my pain and triumph will help others in need to find recovery and reclaim their lives.

What started out as recreational drug use in college turned into full-blown addiction by the time I reached 30. Domestic violence, depression, homelessness, bankruptcy, and suicide attempts became my life. My son's world became as unpredictable as I was, but somehow I didn't relate our chaos to my drug use.

Fortunately, my depression led me to the hospital, and instead of just giving me medicine, an astute nurse recognized my problem and sent me straight to a 14-day treatment program. That was 14 years ago. I cannot begin to express my joy at the changes in my life.

My son is now 21 and will soon graduate from Stanford University. He has flourished in my recovery, and I have been there for him in every way. I have renewed my relationships with my parents and siblings. For years, I helped "Put a Face on Recovery" and spoke at churches, high schools, city and county councils, and the State Capitol about the importance of treatment and recovery.

Today, I have my master's in public administration and I serve on the board of a recovery community support organization. I am currently a supervisor working in social services and just purchased my first home. Embracing all of my activities, work, and play is a profound sense of spirit and unwavering faith.

Helping Patients Overcome Substance Use and Mental Disorders

Health care providers can and do make a difference in the lives of their patients. Not only do they educate their patients about the realities of diseases such as substance use and mental disorders, but they also assist their patients in accessing effective and individualized treatment. For both substance use and mental disorders, diagnosis begins with the provider asking questions about the patient's symptoms, general health, and medical history, since there is no laboratory test to specifically identify these problems.⁴

To provide the most appropriate and highest quality of care, providers can:

- **Become more comfortable discussing substance use and mental disorders** – Often, health care providers don't discuss alcohol and/or drug misuse with their patients due to their own misconceptions or because they feel unprepared to diagnose a substance use disorder.⁵ In fact, research has shown that less than one-third of primary care providers routinely screen their adolescent patients for mental health problems.⁶ Consider both alcohol or drug misuse and mental health problems when assessing a patient's illness, and during routine check-ups. Mental Health America offers an online [depression screener](#) and an [anxiety screener](#) that providers can use to help diagnose common mental health problems. By helping people into recovery, patients will experience improved relationships, better mental and physical well-being, and newfound abilities to deal with problems in a healthy manner.⁷
- **Have positive attitudes about recovery** – Giving positive guidance to people with substance use and mental disorders can significantly impact their confidence and future aspirations.⁸ Speaking optimistically about the commonality of recovery (e.g., millions of Americans are in recovery)⁹ can give patients hope. Having a positive outlook about their condition, and remaining empathetic, respectful, and nonjudgmental is more likely to make patients feel empowered to seek help and strive to improve their well-being.¹⁰ It's essential that providers support all patients in need of treatment services and those already in recovery.

- **Team up and work with other health care providers** – Emergency room doctors, nurses, pharmacists, employee assistance program (EAP) counselors, and family practitioners can all provide high-quality care to address substance use and mental disorders, and increase the potential for recovery. Each has a role to play within the larger context of an individual's care. For example, to help avoid prescription drug misuse, pharmacists can have quick, face-to-face discussions about the safe and legal use of prescription drugs.¹¹ Meanwhile, EAP providers can offer employees tips on how to keep their medications from ending up in the wrong hands. Simultaneously, the pharmacist and EAP provider are working to prevent prescription drug misuse.

For a mental health problem, health care providers who prescribe medications also should refer their patient to a therapist or counselor and establish a comprehensive assessment and plan. The prescribing provider should educate their patient about the possible side effects and potential risks of using medication with certain foods, alcohol, and other medications. In addition, therapists and counselors should reinforce this information during therapy sessions to ensure medications are taken in the prescribed dosage, and at the prescribed intervals.

- **Seek adequate training** – Many health care providers may not specialize in assessing substance use and mental disorders or be trained on where to refer patients for treatment and recovery support services.¹² By educating themselves on appropriate screening and assessment tools, and available referral options, providers can effectively screen patients and increase access to treatment and recovery services. Resources are provided throughout this toolkit for providers to reference. Additionally, they can contact or join a professional association, such as the [American Mental Health Counselors Association \(AMHCA\)](#), [American Society of Addiction Medicine \(ASAM\)](#), or the [NAADAC, the Association for Addiction Professionals](#), which provides training health care professionals and educating the public about substance use and mental disorders. Additional professional organizations can be found in the “[Prevention, Treatment, and Recovery Resources](#)” document in this toolkit.
- **Overcome patient resistance** – Approximately 85 percent of patients admit to lying to their physicians about substance use,¹³ making it difficult for health care providers to determine the true extent of a problem.¹⁴ Continue trying to connect with patients on a personal level, and with time and support, individuals may be ready to trust their providers and seek help. Rather than asking direct questions, providers may need to ask more open-ended questions pertaining to their patients' social history. For example, by asking “What brought you here?” or “What's going on in your life?” the patient may eventually reveal problems such as marital difficulties or financial trouble, which may contribute to increased alcohol or drug use or highlight the onset of a mental health problem.¹⁵
- **Spread the message that treatment is effective and recovery is possible** – One of SAMHSA's [Strategic Initiatives](#) focuses on increasing public awareness of substance use and mental disorders. Research shows that, as with other health conditions, individuals with substance use and mental disorders can achieve long-term recovery through a variety of settings and methods.¹⁶ Some people recover from substance use disorders through treatment and/or the assistance of self-help or mutual aid groups, while others may recover on their own.¹⁷ Additionally, between 70 and 90 percent of individuals with a mental health problem have significant reduction of symptoms and improved quality of life with a combination of treatment, therapy, and other support.¹⁸ Providers can communicate that, as with other chronic illnesses, disease management is essential to recovery.¹⁹ It's important to underscore that individuals who seek treatment and recovery services must also change their daily habits and learn new life skills that will ultimately empower them to want to experience a healthier lifestyle.²⁰
- **Spend ample time with each patient** – Primary care physician visits last on average 10 minutes;²¹ one-third of physicians say time constraints keep them from discussing substance use disorders with their patients.²² Despite providers' extremely busy schedules, it's important to spend more time getting to know patients and assessing their situation to properly diagnose any substance use or mental disorders. Over the next five years, the United States Federal Government will invest nearly \$20 billion in health information technology (HIT), which will eventually make treatment services for all illnesses—including substance use and mental disorders—more accessible and efficient.²³ SAMHSA supports HIT through its [Health Information Technology Strategic Initiative](#). Through health reform and the implementation of HIT, paperwork will be standardized, ultimately saving doctors' time and increasing patient interaction.²⁴

- **Learn more about insurance reimbursements** – Eleven percent of physicians are concerned that they won't be reimbursed for the time required to screen and treat a patient with a substance use disorder, and admit that this keeps them from beginning the discussion.²⁵ This is a similarly reported problem with respect to mental health problems.²⁶ However, screening and referral services for substance use and mental disorders are reimbursed by Medicare, Medicaid, and many private insurance options. Further information on new insurance regulations can be found in the “[What Health Reform Means for Health Care Providers](#)” section in this document.

By taking the time to educate patients who suffer from substance use and mental disorders on how to change their daily habits, health care providers have the opportunity to empower their patients to live healthy, productive lives, free of alcohol and/or drugs.

Effectively Assessing, Intervening, and Referring Patients with Substance Use Disorders to Treatment Services

Because prevention works and treatment is effective, all health care providers and facilities—including primary care centers, specialists, hospital emergency rooms, trauma centers, and other community care settings—must commit to prevention and early intervention. When providers are trained to and conduct screening, assessing, and referring activities for individuals at risk of or with a substance use disorder, more people are likely to start their recovery journey.

Screening

Any individual at risk of developing a substance use disorder, such as those with a poor home environment, unhealthy relationships, history of trauma, economic deprivation, chronic pain, and genetic predisposition, can be diagnosed through primary care screenings.²⁷ These screening and brief interventions are also increasingly performed in emergency rooms and trauma centers, therefore more people receive the help they need.²⁸ Brief screenings quickly assess the severity of one's substance use disorder and identify the appropriate level of treatment necessary.²⁹ Screening and brief interventions have a number of benefits for the individual:³⁰

- The frequency and severity of alcohol and/or drug use decreases;
- Emergency department visits decrease;
- The risk of trauma is reduced;
- The percentage of patients who enter specialized treatment for substance use disorders increases; and
- Net costs to society decrease.

Screening for substance use disorders in a health care environment involves at least two components: observing biomarkers and obtaining patient reports. Biomarkers are objective evidence that a person may misuse alcohol and/or drugs. For example, the presence of liver disease may indicate to health care professionals that the patient is potentially misusing substances, such as alcohol. The second component—patient report—is a questionnaire intended to show general patterns of one's substance use and ideally will identify “red flags” for the provider.³¹ Patients' responses to the following questions might raise provider concern:³²

- I would be annoyed if my doctor asked me how much alcohol I drink.
- If my drinking affects my health, my doctor should advise me to cut down on alcohol.
- If my doctor asked me how much alcohol I drink, I would give an honest answer.

Health care providers can use a variety of simple instruments to screen patients for substance use disorders. While the use of instruments may vary depending on State or local regulations and reimbursement policies, all have the same goal of determining the severity of one's alcohol and/or drug use and all are effective.³³ Three commonly used instruments, which are simple and easy to administer, are:

- Alcohol Use Disorders Identification Test (AUDIT)
- Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)
- Drug Abuse Screening Test (DAST)

Health care providers should keep in mind while screening and relay to their patients that the Dietary Guidelines for Americans, which was released in 2010 by the HHS and the Department of Agriculture (USDA), states there is scientific evidence indicating that if adults choose to drink, they should do so in moderation, which is considered up to one drink per day for a woman and up to two drinks per day for men. The guidelines also state that no one should drink alcohol more frequently for potential health benefits.³⁴

Brief Intervention

Brief interventions consisting of either a single or multiple sessions, generally aim to motivate a patient to change his or her behavior.³⁵ Immediate goals stemming from brief intervention may be for the patient to enter treatment, quit using alcohol and/or drugs, or decrease the frequency of use.³⁶

These interventions for substance use disorders are used by a variety of people—including counselors, social workers, psychologists, physicians, and nurses, in a variety of settings—such as social service agencies, hospital emergency departments, court-ordered educational groups, and vocational rehabilitation programs.³⁷ Typically, someone who the patient already trusts and feels comfortable being treated by delivers the brief intervention.³⁸

It is critical that the provider practices the following elements, FRAMES, for an effective intervention:³⁹

- **F**eedback is given to the patient about personal risk.
- **R**esponsibility for change is placed on the patient.
- **A**dvice to change is shared by the provider.
- **M**enu of alternative self-help or treatment options is offered to the patient.
- **E**mpathic style is used by the provider.
- **S**elf-efficacy and positive empowerment is produced in the patient.

Providers can share informational resources with the patients during the intervention, such as pamphlets or workbooks that reinforce the self-help or treatment options discussed during the initial meeting. To provide additional assessment and further motivate the patient to achieve their initial goals, providers may wish to follow up at a later date.⁴⁰

Referral

An equally important component of screening and brief interventions is referral to treatment and care. Health care providers should take into account an individual's personal needs as well as the severity of the person's substance use disorder when referring patients to treatment programs. For example, the best treatment option for a patient with chronic medical problems along with their substance use disorder may be at a hospital-based rehabilitation unit designed to provide services for those with more than one health condition.⁴¹

Providers who specialize in prevention and treatment also have the opportunity to expand resources in their communities and develop local referral networks that all health care providers can use. For example, a team of substance use disorder specialists can train local primary care providers on appropriate methods of screening patients for possible alcohol misuse. The specialists could then help facilitate partnerships between physicians and community treatment centers to help physicians refer those in need of treatment.⁴²

SAMHSA supports recovery-oriented systems of care (ROSC), which stresses the importance of a personal recognition of the need for change and transformation to sustain recovery. ROSC also acknowledges that there are many pathways to recovery and that while recovery service types may vary, all services should offer choice, honor an individual's potential for growth, focus on a person's strengths, and attend to the individual's overall health and well-being.⁴³ For more information on substance use disorder treatment services, visit the "[Treatment and Recovery: Finding Specialized Help](#)" document in this toolkit. Additionally, use the tools and resources at the end of this document, such as **SAMHSA's National Helpline at 1-800-662-HELP (4357)** or SAMHSA's **Treatment Locator**, to research patients' options.⁴⁴

Effectively Assessing and Referring Patients with Mental Health Problems to Treatment Services

As with substance use disorders, health care providers have a responsibility to know and recognize the signs and symptoms of mental health problems and how to refer people to specialty treatment if necessary. Just like substance use disorders, mental health problems don't discriminate and affect people of all ages, races, genders, workplaces, geographies, and socioeconomic levels. In fact, approximately one in four adults in the United States suffers from a diagnosable mental health problem.⁴⁵

Despite the commonality of mental health problems, some conditions—such as depression—often aren't diagnosed, with an estimated 75 percent of those who suffer from depression not receiving a diagnosis.⁴⁶ Additionally, less than one-third of those who suffer from a mental health problem actually receive any level of mental health treatment.⁴⁷ It's important that health care providers are trained to recognize, assess, and refer individuals in need to effective treatment and recovery support services. A patient's mental health should be observed at regular primary care checkups to ensure that symptoms of conditions are detected early when counseling is most effective.⁴⁸ Governing medical bodies agree, with the Institute of Medicine, the U.S. Preventive Services Task Force, and the American Academy of Pediatrics all recommending that mental health assessments should be a part of routine medical care.^{49, 50, 51}

Screening

Each mental health problem has its own characteristics and symptoms. However, there are general warning signs that might alert providers that a patient needs specialty help. Providers should ask their patients if they have a history of trauma or abuse, or if they have experienced any of the following:⁵²

- Inability to cope with problems or daily activities;
- Excessive anxieties;
- Thinking or talking about suicide or harming oneself;
- Strange or grandiose ideas; and
- Marked personality change.

Some family doctors and pediatricians are qualified to diagnose common mental health problems—such as depression, anxiety disorders, or attention deficit hyperactivity disorders. Other conditions—such as schizophrenia and autism—must be evaluated and diagnosed by qualified professionals who have knowledge in mental health—psychiatrists, psychologists, psychiatric nurses, social workers, or mental health counselors.⁵³

Unlike some other health conditions, mental health problems can't be diagnosed by a laboratory test. To screen for mental health problems, providers must rely on the individual's disclosure of their symptoms.⁵⁴ Health care professionals will likely be interested in the patient's medical history, including any trauma, as well as that of their family, which may help identify a mental health problem.⁵⁵ Before speaking with others about a patient's condition, be sure to obtain the patient's permission. Talking with family members, teachers, and other doctors, can be very valuable and providers will be able to hear other perceptions on the patient, including their behavior and thoughts, which the patient may not express themselves.

Once the health care provider identifies a patient's symptoms and conducts a physical exam, most experts use the *Diagnostic and Statistical Manual of Mental Disorder (DSM)* to aid in diagnosing a specific mental health problem. The book, compiled by the [American Psychiatric Association](#), classifies and describes more than 300 types of conditions, ranging from anorexia to schizophrenia.⁵⁶ In addition to the DSM, free screeners, such as [The Patient Health Questionnaire \(PHQ\)](#), are available online that health care professionals can use to diagnose common mental health problems such as depression or eating disorders.⁵⁷ This questionnaire asks the patient to rank how often they have been bothered by several problems over the past two weeks, and then provides a way for the provider to "code" each answer, leading to a possible diagnosis.

Questions that screen for depression may include:⁵⁸

- How often have you had little interest or pleasure in doing things?
- How often have you felt down, depressed, or hopeless?
- How often have you had trouble falling sleep, staying asleep, or sleeping too much?
- How often have you been feeling bad about yourself—or that you are a failure or have let yourself or your family down?
- How often have you had thoughts that you would be better off dead or of hurting yourself in some way?

Additionally, questions that screen for an anxiety disorder may include:⁵⁹

- How often have you been feeling nervous, anxious, or on edge?
- How often have you not been able to stop or control worrying?
- How often have you been so restless that it is hard to sit still?
- How often have you felt afraid as if something awful might happen?

If providers are not familiar with using the *Diagnostic and Statistical Manual of Mental Disorder (DSM)* book or the screening tools discussed above, patients should be referred to a psychiatrist, psychologist, other licensed health professional, or to a peer specialist in the field of recovery who is specifically trained to diagnose and treat mental health problems.⁶⁰

Referral

When referring a patient to medical treatment or therapy, providers should relay that mental health problems are common, that treatment is effective, and that with help, people can and do recover from these conditions. Often times, people avoid seeking treatment for mental health problems, as they believe that their signs and symptoms are a normal part of life.⁶¹

It's important that health care professionals and family members work together to develop an appropriate intervention, treatment, or recovery support services plan for the specific mental health problem. Common treatment options include:

- Psychotherapy;⁶²
- Medication Therapy;⁶³
- Support Groups;⁶⁴ and
- Peer specialists or other recovery support programs.⁶⁵

As with substance use disorders, no universal approach exists for treating mental health problems.⁶⁶ While some individuals with severe conditions may need to try more than one treatment option, for an individual with a mild mental health problem, such as attention deficit hyperactivity disorder (ADHD), an outpatient treatment program, such as group counseling or family therapy, may be ideal and equally effective.⁶⁷ For more information on mental health problem treatment services, visit the “[Treatment and Recovery: Finding Specialized Help](#)” document in this toolkit. Additionally, use the tools and resources at the end of this document, such as **SAMHSA’s National Helpline at 1-800-662-HELP (4357)**, **SAMHSA’s Treatment Locator**, or [Mental Health America](#) to research patients’ options.

What Health Reform Means for Health Care Providers and Their Patients

In 2009, nearly 20.9 million people aged 12 or older needed treatment for substance use disorders but didn’t receive it at a specialty substance use facility,⁶⁸ and 6.1 million adults aged 18 or older who reported an unmet need for mental health care didn’t receive services.⁶⁹ While a variety of reasons exist, the **2009 National Survey on Drug Use and Health** shows that when examining data from 2006 through 2009, almost 37 percent of people who needed treatment for a substance use disorder, and made an effort to get treatment, didn’t receive it because they did not have health coverage or could not afford the cost.⁷⁰ In addition, in 2009, 42.5 percent of 6.1 million adults needed mental health services, but didn’t receive them because they reported that they couldn’t afford mental health care.⁷¹ Through the passage of the Affordable Care Act, along with the MHPAEA, health insurance coverage will expand over the next several years to millions who were not previously insured, including those in need of substance use and mental disorder treatment.⁷²

Changes that may impact health care providers and their patients include:

- **Increased access to primary care providers** – The Association of Medical Colleges has estimated that there will be a shortage of approximately 21,000 primary care physicians in 2015. However, the Affordable Care Act has a number of provisions for improving primary care with a comprehensive strategy to strengthen and grow the primary care workforce. Some provisions include:⁷³
 - Increasing access to providers in underserved areas;
 - Focusing on career training;
 - Expanding tax benefits to health professionals working in underserved areas;
 - Building primary care capacity through Medicare and Medicaid;
 - Providing financial assistance for students; and
 - Making health care education more accessible.

Additionally, the Affordable Care Act invests nearly \$11 billion into Federally Qualified Health Centers from 2011 to 2015, which will expand care to 20 million more Americans, increasing access to treatment and recovery services for many in need.⁷⁴

- **Protection for health care consumers** – Through the Affordable Care Act, Americans will be protected against the worst abuses of some health insurance companies. The following provisions, effective immediately for new plans in 2011, will protect Americans by:⁷⁵
 - Prohibiting insurance companies from rescinding or taking away coverage;
 - Eliminating lifetime limits on coverage;

- Regulating annual dollar limits on insurance coverage; and
- Prohibiting denying coverage of children based on pre-existing conditions.

Through the Affordable Care Act, many barriers to treatment will be overcome. For example, parent's insurance plans can now cover their young adult children until they reach 26 years old.⁷⁶ Many of these laws' provisions will be implemented in the next couple of years, and the major coverage expansion under Medicaid and through new State exchanges will be implemented in 2014.⁷⁷ Each health insurance plan will differ depending on the provider and plan options, so it is important for patients to understand their plan to best use their benefits. SAMHSA's [Health Reform Strategic Initiative](#) supports and promotes the increased need for affordable health care coverage and access to appropriate high-quality care. It also works to reduce disparities that currently exist between behavioral health services and medical or surgical benefits. Refer to the "[Fast Facts About Health Reform, Substance Use and Mental Disorders, Treatment, and Recovery](#)" document in the "[Resources](#)" section of this toolkit for more information on health reform.

Making a Difference During *Recovery Month* and Throughout the Year

This September and throughout the year, SAMHSA encourages all health care providers to become involved in ***Recovery Month***. Spread the message to your patients suffering from substance use and mental disorders that treatment is effective, recovery is possible, and one's overall well-being and health will improve. Recovery benefits everyone. To make a difference in someone's life:

- **Offer free screenings and seminars** – Health care providers are equipped with the knowledge and tools to detect substance use and mental disorders. Volunteer to perform these services for underserved communities. Additionally, research speaking opportunities at local schools and community groups to showcase the positive effects of recovery on one's overall health and well-being.
- **Share your own story** – If you are a health care provider in recovery from a substance use disorder or are effectively managing a mental health problem, you have a unique opportunity to speak out about this serious public health problem and encourage others to seek treatment. Additionally, if you think a colleague may suffer from a substance use or mental disorder, let them know they are not alone, and that you can help them learn about treatment and recovery options.
- **Attend trainings or continuing education courses to increase your understanding of appropriate treatment and recovery services** – As with any health condition, trends and research surrounding substance use and mental disorders constantly change. By remaining current about this public health problem, health care providers can effectively screen, assess, intervene, and refer individuals in need of treatment services. Additionally, you can learn how the implementation of health reform and the MHPAEA influence the services that providers deliver. Refer to the resources below for more information.

Additional Recovery Resources

A variety of resources provide additional information on ***Recovery Month***, substance use and mental disorders, and prevention, treatment, and recovery support services. Use the toll-free numbers and websites below to increase your knowledge, seek guidance from professionals, and provide resources to patients. Through these resources, individuals can interact with others and find support on an as-needed, confidential basis.

- **Substance Abuse and Mental Health Services Administration (SAMHSA) Website** – Leads efforts to reduce the impact of substance use and mental disorders on communities nationwide.
- **SAMHSA's National Helpline, 1-800-662-HELP (4357), or 1-800-487-4889 (TDD)** – Provides 24-hour free and confidential Helpline that provides information about substance use and mental disorders, prevention, treatment, and recovery referrals in English or Spanish.

- **SAMHSA’s “Find Substance Abuse and Mental Health Treatment” Website** – Contains information about treatment options and special services located in your area.
- **SAMHSA’s ADS Center** – Provides information and assistance to develop successful efforts to counteract prejudice and discrimination and promote social inclusion.
- **National Suicide Prevention Lifeline, 1-800-273-TALK (8255)** – Provides a free, 24-hour hotline available to anyone in suicidal crisis or emotional distress.
- **Psychology Today’s Therapy Directory** – Allows users to locate a therapist, psychologist, or counselor who specializes in mental health problems by city or zip code throughout the United States.
- **American Medical Association’s (AMA) Office of Alcohol and Other Drug Abuse** – Provides an array of resources on alcohol and other substances, including facts and policies, treatment and referral resources, and professional intervention details.
- **Mental Health America** – Offers resources about the realities of mental health and mental illness.
- **NAADAC, The Association for Addiction Professionals** – Membership association that serves addiction counselors, educators, and other addiction-focused health care professionals who specialize in addiction prevention, treatment, recovery support, and education.
- **American Academy of Addiction Psychiatry** – Promotes accessibility to quality treatment for all who need it, educates the public to influence public policy regarding addictive illness, and provides continuing education for addiction professionals.
- **American Psychiatric Association** – Works to ensure humane care and effective treatment is given to anyone with mental health problems, including intellectual disabilities and substance use disorders.
- **American Society of Addiction Medicine** – Serves addiction health care professionals and aims to improve the care and treatment of people with the disease of addiction and advance the practice of Addiction Medicine.

As health reform continues to be implemented, use the following resources to learn about the impact of these changes on access to treatment and recovery support services:

- **HealthCare.gov** – Managed by HHS, this Federal website provides information for the general public, people with disabilities, seniors, young adults, and employers on how the law affects access to health care, insurance options, available preventive services, and comparing care quality.
- **Kaiser Family Foundation** – Issued by a nonprofit, health policy and communications group, this document provides a summary on the comprehensive health reform law, the Affordable Care Act, signed into law on March 23, 2010. The document discusses the law and subsequent changes, provisions to expand coverage, control health care costs, and improve the health care delivery system. Visit the Kaiser Family Foundation’s [Health Reform Source](#) for more information.
- **The Parity Implementation Coalition’s Parity Toolkit** – Created by organizations, including **Recovery Month** Planning Partners, this toolkit aids individuals seeking help, individuals in recovery, as well as their families, providers, and advocates in understanding their rights and benefits under the MHPAEA law.

Inclusion of websites and resources in this document and on the *Recovery Month* website does not constitute official endorsement by the U.S. Department of Health and Human Services or the Substance Abuse and Mental Health Services Administration.

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